APC Survey – Emergency Contraception in Community-Based Family Planning Programs Results

EC Technical Consultation
June 3, 2015
Elizabeth Bastias-Butler, APC
**Survey Overview:**

**Number of participants:** 54 (29 responses pertaining to international low-resource settings)

- Participants who work directly in community-based family planning service delivery: 20 (of relevant responses)

**Number of organizations:** 25

- Local NGOS: 5
- INGOS: 14
- Ministries of Health/government entities: 4
- Academic institutions: 1
- Independent consultants: 1

**Countries represented:** Ghana, Iran, Nigeria, Malawi, Nepal, Burkina Faso, India, DRC, Ethiopia, Kenya, Bangladesh, Guinea, Uganda, Zambia, Chile*

*Some participants identified Global/USA as their implementation location
Where participants offer EC:

- Community settings: 30%
- Gender-Based Violence (GBV) Services: 44%
- Outreach through CHWs: 13%
- Schools: 3%
- Refugee/IDP Camp Setting: 10%
The three most significant benefits to providing EC cited by participants:

1. Effective
2. Increases contraceptive choice
3. Leads clients to adopt other family planning methods

The three most significant barriers to providing EC cited by participants:

1) Logistics and stock outs—getting supplies at the right place and time
2) Lack of funding for including EC in CBFP programs
3) Stigma, particularly beliefs that EC is not appropriate for adolescents and young women (tie)
4) Lack of monitoring mechanisms to ensure that staff routinely discuss and offer EC (tie)
Reasons participants are including EC in their programs:

- Unmet need for youth and adolescents (DRC)
- To prevent unintended pregnancy for rape victims, especially in countries with ongoing conflict (Nigeria, Malawi)
- The timely prevention of unwanted pregnancies which may result in poor health outcomes for the mother (Global)
- Most generally accepted mode of contraception that cuts across females of reproductive age (Nigeria)
- Included by default because two of the main methods used and promoted - oral contraceptive pills and IUD - can be used as emergency contraceptive (Nepal)
- Included in CHW trainings, as both an ECP and using a higher dosage of the contraceptive pill as EC (Uganda)
- Increases contraceptive choice with the method mix (Ethiopia, Bangladesh)
- Provides an opportunity to increase demand and utilization of the IUD, when it is used as EC (Ethiopia)
- Demand from the community (Kenya)
- Government policy (Malawi)